GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).

GEH-07 Rev: 10/98

BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY INSPECTION REPORT

| DIVISION OF ENVIRONMENTAL HEALTH | | | | INSPECTION REPORT | | |
|----------------------------------|---|--|--------------------------------------|--|-------------------|--|
| Regular 9/5 | | The second secon | ESTABLISHMENT NAME: | | | |
| | | 1 | 915117 | STUDIO G SALON | alb rible | |
| Follow-Up 6 | | 16, | | OWNER/OPERATOR: Description collision delivers the best delivers to be a second delivers the best delivers and | Patrons | |
| Complaint | | | PM GATDULA, AGNES E | | | |
| Samilary Femilia | | Sanitary Permit: | LOCATION: LOTS 88 & 89 - NEW BUK UNI | T 12 | | |
| Other(Specify | All reins da | iwillian be | No.: 17000099 Exp.: 6/30/18 | ESTABLISHMENT TYPE: BEAUTY SALON | DED | |
| | | | | e operations and facilities which must be corrected by the next inspection, or sooner as ading or permit suspension. To appeal, a written hearing request must be submitted be indicated correction date. | | |
| ITEM NO.* | | | | REMARKS | DEMER | |
| aldress | A PEGULAR INSPECTION WAS CONDUCTED. | | | | Menna | |
| | Supprior data during the Supprior made of ward U.S. Waste morpholism, covered, adequate a | | | | | |
| | THE FOLLOWING VIOLATIONS WERE OBSERVED: | | | | Straine Junosp | |
| the our to | USE OF COMMON NECK DUSTERS & THIRBPUSHES MADE | | | | 1000 | |
| | OF WOOD OBSERVED. USE OF WOODEN HATRBRUSHES | | | | 6 | |
| | & COMMON NECK DUSTEDS SHALL NOT BE USED TO | | | | 100 | |
| | PREVENT THE ACCUMULATION OF BACIERYA | | | | VI-S | |
| | CONTRACTOR THE CATTER MANAGEMENT OF THE WORLD AND ADDRESS OF THE CATTER AND ADDRESS OF THE CATTER ADDRESS OF THE CATTER AND ADDRESS OF THE CATTER ADDRESS | | | | FIRM | |
| | CROSS CONTAMINATION. | | | | | |
| Abite of stored, | EQUIPMENT IN WORKSTATIONS NOT CLEANED SANITIZED & PROPERLY STORED. EVIDENCE OF COCKROACH ESS | | | | 6 | |
| | 17 | & MATTER OBSERVED ON EQUIPMENT ALL INSTRUMENTS | | | | |
| | & EQUIPMENT SHALL BE PROPERLY CLEANED & MAINTAI | | | | INE | |
| | TO PREVENT TRANSPER OF BACTERIA. | | | | | |
| . 23 | Tall 189 | DINYSICA | MA MORTOURNES | 100 Transaction repeated in the control of the cont | 100 | |
| 19 | NO STANDARD MEASURING CUP OR SPOON PROVIDED. | | | | | |
| | | | | | 2 | |
| | | | | | - | |
| | USED TO ENSURE EFFICACY OF SANTIZING SOLUTION. | | | | unim | |
| 26 | LACK OF PAPER TOWELS PROVIDED IN RESTROOM. | | | | | |
| | PAPER TOWELS OF SHALL BE PROVIDED TO PROMOTE | | | | 2 | |
| | PROPER THURWASH HYGIENE. | | | | embe. | |
| | PHOTOS TAKEN. PIC BRIEFED ON ABOVE. | | | | | |
| | "B" PLACAPO # 00936 ISSUED. | | | | pubic | |
| | | | | | | |
| I H | AVE READ AN | ID UNDERSTA | | LATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN. | | |
| *When any of t | he following ite | ems are cited al | bove, they shall be | RECEIVED BY (Name & Title): | | |
| correcte | d within ten (1 | 0) days of this | inspection: | Hares E. Gatalla. | | |

DEH INSPECTOR (Name & Title):

WHITE COPY - Office YELLOW COPY - Establishment